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	INDEX NU	MBER
	1500/33	3036
	TELEPHO	NE NUMBER
	445-194	13
TATE	ZIP C	ODE
CA	95811	
GE RATE	CLAIMED	
	(11)	(12)
CAR USE	BUSINESS	TOTAL
MOUNT	EXPENSE	FOR DAY
0.00		4.50
0.00		0.00
0.00		0.00

STATE OF CALIFORNIA - DEPARTMENT OF PERSONNEL ADMINISTRATION TRAVEL EXPENSE CLAIM See Instructions and *Privacy STD. 262 (REV. 9/2007) Statement On Reverse Side CLAIMANT'S NAME SSN or EMPLOYEE NU DEPARTM Renee Zito ADP POSITION CB/ID No. DIVISION or BUREAU Director Office of the Director **HEADQUARTERS ADDRESS** 1700 K Street STATE CITY CA Sacramento (1) NORMAL WORK HOURS ENSE NUMBER (3) MILEA 8:00-5:00 0.550 (4) MONTHYEAR (6) (7) MEALS (10)TRANSPORTATION LOCATION July 2009 O.T., L/T, WHERE EXPENSES (A) (B) BREAK-N/C, RELO. WERE INCURRED INCIDEN-COST OF CARFARE, PRIVATE C TYPE LODGING FAST LUNCH TALS TRANS. USED TOLLS, PARKING DATE TIME DINNER MILES 0800 Sacramento PC 4.50 0930 0.00 0.00 UG 2 2009 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 (13) SUBTOTALS 0.00 0.00 0.00 0.00 0.00 0.00 0.00 4.50 0.00 0.00 4.50 COLUMN CODE (ACCTG. USE ONLY)

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Altach receipts/vouchers when required)

CLAIM TOTAL

7-7-09 - Renee met with Assemblyman Jim Beall, Jr. Fee was for parking.

AGENCY ACCOUNTING OFFICE USE ONLY

\$4.50

PAID BY REVOLVING FUND CHECK NUMBER

I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

LAIMANT DATE 8/09 3

DATE

(17) SPECI IGNATURE and TITLE (See Item 17 on reverse) DATE

8

Continue		262 (HEV	EXPENSE CLAIM			State	nstruction ement On	Reverse	Side				. 1		
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Committee Comm			HK HOURS				-	2) DDB/ATE	William Co.	E NU	JMBER	(3) M			-
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	iange	Your	Life." - Cost: \$30.00					V. 0110000000000000000000000000000000000	THE PERSON NAMED IN	do Lina	1. 10.111	PAID BY E	300000000000000000000000000000000000000		Williams
ly 9, 2009 - Renee purchased a DVD - "A Teenager Experience with Depression and Suicide That Will use only Pain By REVOLUNG FUND CHEEN COUNTING OFFICE USE ONLY Pain By REVOLUNG FUND CHEEN COUNTING OFFICE USE ONLY	y 10,	2009	- Renee luncheon speak	or of Motivo	A rea and a	. C. C.	- 700	NA.E.				THE DIT	LVOLVING P	OND CHECK	NUMBER
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ly 10,. 2009 - Renee luncheon speaker at Native American Conformed Helides I. 5221 D	I HE	REBY C	ERTIFY That the above is a true sta	tement of the tra	vel expense	s incurred by	me in accord	Innos with Di	** ***		TO A STATE OF THE	0.00			
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ly 10,. 2009 - Renee function speaker at Native American Conference, Holiday Inn, 5321 Date Avenue, cramento. I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by DATE [18]					7-21	-09	29							7/ -	9
ly 10,. 2009 - Renee function speaker at Native American Conference, Holiday Inn, 5321 Date Avenue, cramento. I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by DATE [18]							-						/ -	of the most	

STATE OF CALIFORNIA - DEPARTMENT OF PERSONNEL ADMINISTRATION TRAVEL EXPENSE CLAIM See Instructions and *Privacy STD: 262 (REV. 9/2007) Statement On Reverse Side 1 Page CLAIMANT'S NAME DEPARTMENT Renee Zito ADP POSITION CB/ID No. DIVISION or BUREAU INDEX NUMBER Director Office of the Director 1500/33036 HEADQUARTERS ADDRESS TELEPHONE NUMBER 1700 K Street 445-1943 STATE ZIP CODE ZIP CODE STATE CA Sacramento CA 95811 (1) NORMAL WORK HOURS NSE NUMBER (3) MILEAGE RATE CLAIMED 8:00 -5:00 0.550 (4) MONTHYEAR (7) (8) MEALS (9) TRANSPORTATION (10) (11) (12)LOCATION July 2009 WHERE EXPENSES WERE INCURRED (D) PRIVATE CAR USE BREAK-TOTAL N/C, RELO. OR (5) INCIDEN-COST OF TYPE CARFARE BUSINESS LODGING FAST LUNCH **EXPENSES** TALS TRANS. TOLLS. USED DATE TIME EXPENSE DINNER FOR DAY PARKING MILES AMOUNT 1400 13 Sacramento/Santa Clara 161.60 18.00 PC 20.00 0.00 199,60 Santa Clara 14 161.60 6.00 10.00 18.00 6,00 28.00 0.00 229.60 Santa Clara/Sacramento 15 6.00 10.00 1700 6.00 PC 270.00 148,50 170.50 0.00 0.00 0.00 0,00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 (13) SUBTOTALS 323.20 12.00 20.00 36.00 12.00 0.00 48.00 270.00 148.50 0.00 599.70 COLUMN CODE (ACCTG. USE ONLY) **CLAIM TOTAL** \$599.70 (14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) AGENCY ACCOUNTING OFFICE July 13, 2009 - Renee traveled by private car to Santa Clara. USE ONLY Parking Fee: \$20.00 @ hotel. PAID BY REVOLVING FUND CHECK NUMBER July 14, 2009 - Observe Family Wellness Court, San Jose. Parking Fees: Parking Lot \$6.00; Meter \$2.00: \$20.00 parking @ hotel = \$28.00 July 15, 2009 - Meeting with Director Nancy Pena, Santa Clara, Department of Mental Health (15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753, and 0754.

SAM Sections 0750 0753 0753 and 0754 certains to vehicle safety and seat belt usage.

Almant's signature

DATE

(16) S

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)

DATE

T-21-09

DATE

DATE

DATE

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DATE

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9		PENSE AUTHORIZATION - SIGNATU		(3)		28							ATE	7-7

STATE OF CALIFORNIA - DEPARTMENT OF PERSONNEL ADMINISTRATION

July 2009 WHERE EXPENSES WERE INCURRED LODGING BREAK LUNCH PAST LUNCH No. CHELO TALS COST OF TYPE TYPE CARRAE TYPE TYPE		9/2007)			Otator	nent On					Page .	of _	Pag	es
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4) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)	4) PURPOSE O	F TRIP, REMARKS AND DETAILS (Attach receipts/vi	ouchers when	required)				7		W AG	ENCY ACC	CUNTING	DEFICE

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